Recertification Checklist for Instructor or Director

(Also for Driver Training Instructor Transfers or Additional Certifications)

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

Step 1 - All applicants:

- ☐ Sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ Complete all sections of the application.
- ☐ Submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- ☐ If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed.
- ☐ Submit (1) photograph taken within 30 days of application submission.
- ☐ All applicants *must* undergo a fingerprint-based background check *for recertification*. Instructions will be forthcoming *after* the application is received.

Step 2 - Submit additional documents below, depending upon type of certification held:

DUI Alcohol or Drug Use Risk Reduction Program Director Recertification

- ☐ Submit documentation of 16 contact hours of approved continuing education.

DUI Alcohol or Drug Use Risk Reduction Program Instructor Recertification

- ☐ Submit documentation of 32 contact hours of approved continuing education.
- ☐ Submit documentation, such as class rosters or a letter from program owner/director, showing at least four (4) classes have been taught within the current certification period.

Driver Training Instructor Recertification

- ☐ Submit a recertification application fee of $5.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Submit a lab report, from an accredited lab, showing the results for drug screen taken within 30 days of filing the application. The lab report for the drug screening must include the results for the following substances: amphetamines, cocaine metabolites, marijuana metabolites, opiates, and phencyclidine.
- ☐ Submit a Physical Examination Form completed and signed by your doctor within 30 days of filing application. (Form # RC-DT-201)
- ☐ Submit a notarized statement from the owner of the driver training school that the applicant is or will be employed by the school.

Driver Training Instructor Transfer of Certification or Additional Certification

- ☐ **Check the appropriate box:**
  - ☐ Transfer ☐ Additional
- ☐ Submit an application fee of $5.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Submit a notarized statement from the owner of the driver training school that the applicant is or will be employed by the school.

Third Party Examiner Recertification

- ☐ Submit a signed Third Party Testing Agreement. (Form # RC-TPT-300)

Driver Improvement Instructor Recertification

- ☐ Submit a recertification application fee of $50.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Submit a current instructor certificate(s) from an approved curricula provider. (ASC, DEOG, GARDE, NSC, USA)

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents and fees which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed and may result in fees being forfeited.

Printed Name **Legal Signature** **Date**

Please submit application, fees and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, GA 30013

An application drop box is also available at the entrance of the Conyers Customer Service Center.

Recertification Checklist for Instructor or Director

SECTION 1: Applicant Information

☐ **RRP Instructor** Cert. #_____ Exp. Date_____

☐ **RRP Director** Cert. #_____ Exp. Date_____

☐ **Driver Improvement Instructor** Cert. #_____ Exp. Date_____

☐ **Driver Training Instructor** Cert. #_____ Exp. Date_____

☐ **TPT Examiner** Cert. #_____ Exp. Date_____

Last Name | First Name | Middle Name | Suffix

Date of Birth | Driver's License # | State of Issuance | Social Security #

Home Address | City | County | State | Zip Code

Mailing Address ☐ **Same as above** | City | County | State | Zip Code

Home Phone Number | Cell Phone Number | Work Phone Number

Email Address

☐ **I would prefer all correspondence be mailed to the mailing address above.**
Unless the box is checked, all correspondence will be emailed to the email address provided.

1.1 Are you or your spouse currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?
☐ Yes ☐ No

1.2 Are you or your spouse currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?
☐ Yes ☐ No

1.3 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?
☐ Yes ☐ No

1.4 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?
☐ Yes ☐ No

1.5 If you answered "Yes" to any of the questions above, give specific information detailing the company, agency, and job title.

_____

_____

1.6 Are you a United States citizen?
☐ Yes ☐ No

1.6.1 If you answered "No" to question 1.6, are you legally present in the United States?
☐ Yes ☐ No

1.7 For RRP directors ONLY: What program(s) are you directing?

PROGRAM NAME	CERTIFICATION #	LOCATION

1.8 For driver training instructors ONLY: What school(s) are you employed by:

SCHOOL NAME	LOCATION

1.9 For driver training instructors transferring certification ONLY:
List the name of the driver training school where you were previously employed: _____
List the name of the driver training school where you wish to transfer your certification: _____

1.10 For driver training instructors additional certification ONLY:
List the name of the driver training school where you are currently employed: _____
List the name of the driver training school where you wish to add to your certification: _____

SECTION 2: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records including, but not limited to: assessment results and other program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain all reports and information as specified in the DDS rules and regulations and operations guidelines.

I understand that DDS will list my name and address as public record.

I hereby authorize the release to DDS of any information necessary for the determination of my application for recertification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

_____

Legal Signature **Date**

Sworn to and subscribed before me

this ____day of _____20____. **(SEAL)**

_____

Notary

Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER: OFFICE USE ONLY	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND ☐ DRIVER'S HIST P F ☐ CRIMINAL HIST P F	OFFICE USE ONLY

APPLICANT TYPE: (OFFICE USE ONLY)

☐ DUI Risk Reduction	☐ Owner	☐ Director	☐ Instructor
☐ Driver Improvement	☐ Owner	☐ Instructor	
☐ Driver Training	☐ Owner	☐ Instructor	
☐ Third Party	☐ Tester	☐ Examiner	
☐ Ignition Interlock	☐ Owner/Operator		
☐ Chauffeur			

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? ☐ Yes ☐ No

Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? ☐ Yes ☐ No

If you are now charged, under indictment, or have court hearings pending for any charges, give details below:

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me: SEAL OR STAMP

Notary Signature Date

My commission expires:

PHYSICAL EXAMINATION FORM

A separate copy of an official laboratory report for a drug screening must be attached to this Physical Examination Form. Drug screen should include, as a minimum: amphetamines, cocaine metabolites, marijuana metabolites, opiates, and phencyclidine. Physical and drug screen must be administered within thirty (30) days of filing application.

Name: _____ (First) _____ (Middle) _____ (Last)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Health History

Yes	No		Yes	No	
☐	☐	Any illness or injury in last 5 years	☐	☐	Eye disorders or impaired vision (except corrective lenses)
☐	☐	Head/Brain injuries, disorders or illnesses	☐	☐	Ear disorders, loss of hearing or balance
☐	☐	Seizures, epilepsy Medication _____	☐	☐	Heart disease or heart attack; other cardiovascular condition Medication_____
☐	☐	High blood pressure Medication _____	☐	☐	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
☐	☐	Muscular disease	☐	☐	Fainting, dizziness
☐	☐	Shortness of breath	☐	☐	Stroke or paralysis
☐	☐	Lung disease, emphysema, asthma, chronic bronchitis	☐	☐	Spinal injury or disease
☐	☐	Kidney disease, dialysis	☐	☐	Chronic low back pain
☐	☐	Liver disease	☐	☐	Regular, frequent alcohol use
☐	☐	Diabetes or elevated blood sugar controlled by: ☐Diet ☐ Pills ☐Insulin	☐	☐	Nervous or psychiatric disorders e.g., severe depression Medication _____

Other illness or injuries: _____

Physical Information

General appearance and development: ☐ Good ☐ Fair ☐ Poor

Height: _____ Weight: _____

Eyes for Distance (without glasses/contacts): Right 20 / _____ Left 20 / _____

Eyes for Distance (with glasses/contacts): Right 20 / _____ Left 20 / _____

Evidence of eye injury: Right: _____ Left: _____

Color Vision: _____ Horizontal Field: Right: _____ Left: _____

Ears (Hearing @ 20 ft.): Right: _____ Left: _____

Yes	No	Body System:	Check For:
☐	☐	General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.
☐	☐	Eyes	Papillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.
☐	☐	Ears	Middle ear disease, occlusion of external canal, perforated eardrums.
☐	☐	Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing
☐	☐	Heart	Murmurs, extra sounds, enlarged heart, pacemaker.
☐	☐	Lungs and chest, not breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal finding on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.
☐	☐	Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, brutis, hernia, significant abdominal wall muscle weakness.
☐	☐	Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.
☐	☐	Genito-urinary system	Hernias.
☐	☐	Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.
☐	☐	Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.
☐	☐	Extremities – Limb Impaired	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.

Comments: _____

_____

Laboratory Findings:

Urine: Spec. Gr.: _____ Protein: _____ Sugar: _____

Blood Pressure (Sitting): Systolic: _____ Diastolic: _____

Pulse: Before Exercise: _____ Two Minutes After Exercise: _____

Instructor's Statement:

I affirm that I have answered all medical questions honestly and to the best of my knowledge.

_____ _____

Signature of Driver Training Instructor Date

Doctor's Statement:

I affirm I have examined _____ on _____ (date)

and find his or her physical condition sufficiently sound to perform the duties required of a Driver Training Instructor.

_____ _____

Printed Name of Examining Doctor Street Address of Examining Doctor

_____ _____

Signature of Examining Doctor City State Zip

Doctor or Facility Telephone No.: _____